



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT CLAY HOSPITAL

City of Hospital: Brazil

Year Begin: 07/01/2019 (mm/dd/yyyy format)

Year End: 06/30/2019 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 151309

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$2377310
Outpatient Patient Service Revenue	\$55723440
<b>Total Gross Patient Service Revenue</b>	<b>\$58100750</b>

2. Deductions From Revenue

Contractual Allowance	\$36659554
Other Deductions	\$2189263
<b>Total Deductions</b>	<b>\$38848817</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$18327663
Other Operating Revenue	\$289454
<b>Total Operating Revenue</b>	<b>\$18617117</b>

4. Operating Expenses

Salaries and Wages	\$3648995	Employee Benefits	\$1013596
Depreciation and Amortization	\$913424	Interest Expense	\$0

Bad Debt	\$924270	Other Expenses	\$11524949
Total Operating Expenses	\$18025234		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1516155	Total Assets	\$13459335
Net Non-operating Gains over Loss	\$6224	Total Liabilities	\$10084607
Total Net Gains	\$1522379		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$24311266	\$16019405	\$8291861
Medicaid	\$13871376	\$12566579	\$1304797
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$19918108	\$7182677	\$12735431
Total	\$58100750	\$35768661	\$22332089

#### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

#### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss

Research	\$0	\$0	\$0
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Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$17331	\$-17331
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$68088	\$-68088

Number of Medical Professionals Trained	\$68
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$579

Statement Six: Charity Statement

Hospital Charity Charges	\$3080156
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$834929	
HCI Payments	\$0		
Subtotal	\$0	\$834929	\$-834929
Medicaid Shortfalls	\$1293856	\$4871049	
Subtotal	\$1293856	\$5705978	\$-4412122
DSH Payments	\$0		
Subtotal	\$1293856	\$5705978	\$-4412122
Medicare Shortfalls	\$6655886	\$6589986	
Other Government Programs	\$0	\$0	
Total	\$7949742	\$12295964	\$-4346222

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$56350	\$-56350
Community Assessment	\$0	\$44882	\$-44882
Provision of Taxes	\$0	\$1110974	\$-1110974
Other Allocations	\$0	\$0	\$0

Comments

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